

LIEBERMAN & BRANDSDORFER, LLC*Attorneys at Law*

12221 McDonald Chapel Drive
Gaithersburg, Maryland 20878-2252
Tel. (301) 948-7775 Fax. (301) 948-7774
E-mail: info@legalplanner.com
Web Site: http://www.legalplanner.com

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TO: U.S. Patent and Trademark Office

TELEFAX #: (703) 872-9306

ATTENTION: Examiner Kalinowski

DATE: February 9, 2005

TIME: 1:40 p.m.

NUMBER OF PAGES: 23 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: Application Serial No. 09/639,740
Our File No.: 1113-201

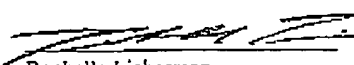
DESCRIPTION: Response to January 11, 2005 Communication

COMMENT:

Voice Confirmation Required:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Original to Follow by Mail/Courier:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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CERTIFICATION OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9306 on February 9, 2005.	
<u>2/9/2005</u> Date of Deposit	 Rochelle Lieberman

PATENT
Atty. Docket No.: 1113-201

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Dver
SERIAL NO.:	09/639,740
FILING DATE:	August 16, 2000
FOR:	Lead Suspect Management

Group Art Unit: 3626
Examiner: Kalinowski, A.

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is an amendment in the above-identified patent application.

- ☐ ___ verified statement(s) claiming small entity status
☐ are also enclosed ☐ was submitted previously.
☐ A Petition for Extension of Time is also enclosed.
☐ An Associate Power of Attorney is also enclosed.
☒ No additional fee is required.
☐ An additional fee is required, and is calculated as shown below:

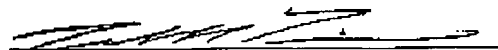
FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	35	MINUS 35 =	0	x \$18 =	\$0
Independent Claims	3	MINUS 3 =	0	x \$86 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for <u>0</u> Months					\$0
Total Amendment Fee					\$0
If small entity status is claimed, subtract 50% of Total Amendment Fee					\$0
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0

☐ A Credit Card Payment Form in the amount of \$____ is enclosed.

☐ Charge \$_____ to Deposit Account No.

Respectfully submitted,

By:



Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

Lieberman & Brandsdorfer, LLC
12221 McDonald Chapel Drive
Gaithersburg, MD 20878-2252
Phone: (301) 948-7775
Fax: (301) 948-7774
email: rocky@legalplanner.com

Date: February 9, 2005

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<i>2/9/2005</i> Date of Deposit	<i>[Signature]</i> Rochelle Lieberman

PATENT

Attorney Docket No.:1113-201

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dver

SERIAL NO.: 09/639,740

FILING DATE: August 16, 2000

FOR: Lead Suspect Management

Group Art Unit: 3626

Examiner: Kalinowski, A.

Preliminary Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Communication dated January 11, 2005, Applicant respectfully requests reconsideration of the outstanding rejection(s) of the claims in view of the amendments and remarks that follow.